



## *SAFETY PLAN*



*A Baseball and Softball Safety Awareness  
Guide for Managers, Coaches and Directors*

Contents	
<b>INTRODUCTION</b>	4
<b>PURPOSE</b>	5
<b>TRAINING</b>	6
MANDATORY MANAGERS/COACHES TRAINING	6
UMPIRE TRAINING	6
BACKGROUND CHECKS	6
SCOREBOARD TRAINING	6
PITCHING MACHINE & BATTING CAGE SAFETY	6
FIRST AID & CPR TRAINING	6
HERE ARE SOME HAZARDS TO BE AWARE OF:	7
<b>SAFETY CODE</b>	9
<b>BEHAVIORAL PLAYER SAFETY</b>	12
<b>FIRST AID AND CPR</b>	13
HELP PREVENT INFECTION	13
BLEEDING	13
POISONING	14
SHOCK	14
CONCUSSIONS	15
HEAT EXHAUSTION/SUNSTROKE	16
CPR	17
ON-FIELD FIRST AID CHART FOR COACHES	18
GOOD SAMARITAN LAWS	19
PERMISSION TO GIVE CARE	20
TREATMENT AT SITE	20
HOW TO HANDLE A 9-1-1 EMERGENCY NUMBER	21
<b>Metuchen Baseball &amp; Softball Blood Borne Pathogen Program</b>	23
<b>FIELD SURVEY CHECKLIST</b>	24
SELF-INSPECTIONS	24
<b>Lightning Facts and Safety Procedures</b>	26
<b>Metuchen Baseball &amp; Softball Accident Reporting Procedures</b>	28

**COMMISSIONER/MANAGER/COACH AFFIDAVIT..... 30**

## **INTRODUCTION**

This document has been developed for the Metuchen Baseball & Softball to provide you with helpful safety tips and information pertaining to Baseball and Softball Safety. Please take the time to review the document and understand the importance safety plays in our program and everyday life. A copy of this document will be kept in the clubhouse for review; also, copies are to be made and distributed to all managers, coaches and directors.

## **PURPOSE**

The objective of the Metuchen Baseball & Softball Safety Program is to provide safety tips for all those involved in our program. Parents expect a certain level of safety for their children in all aspects of their lives. We as Directors, Managers and Coaches must aim to provide the highest standards of safety for our players. With this in mind, we always need to be thinking of SAFETY! The last thing we want is an injured child. Our goal for 2018 is to have ZERO accidents. To achieve this goal let's start by following this document and abiding by its recommendations.

If you have been involved in baseball or softball for any period of time, you would agree that there are hazards associated with the game. In any sport there are dangers. A lot of these hazards are not necessarily associated with the game itself, but with the actions or inactions of others or the conditions that are present in the area.

Spectators as well as players deserve a safe area. If you see anyone in a foul ball territory or in a danger zone, please warn them of the hazard. If they choose not to listen, have a Director explain the danger to them. It is always our job to manage safety and warn others of any possible danger.

A good example of this could be someone walking their dog in the outfield, or a child wondering off on the field, not paying attention to the game. We need to call a safety time out, to make sure everyone is in a "SAFE ZONE". The umpire will not have a problem with this. Often the official is concentrating on the game and may not be aware of the hazard. It is our job to halt the game if an unsafe condition exists.

## **TRAINING**

### **MANDATORY MANAGERS/COACHES TRAINING**

This section is covered in the MBS Coaching Manual.

### **UMPIRE TRAINING**

All Umpires are required to attend 8 hours of umpire training each year prior to the beginning of each season. The training consists of 4 hours classroom and 4 hours of on the field instructions. This training is mandatory each year. If an umpire does not attend he/she will not be able to umpire.

The training will include instructions regarding on field safety, personal safety, player safety, field positioning and rules. Emphasis will be placed on rule interpretation and making the correct call. Also, of importance the topic of handling irate coaches, managers, players, fans and parents will be reviewed.

### **BACKGROUND CHECKS**

The Metuchen Baseball & Softball will perform a background check on each volunteer through the use of First Advantage, prior to start of each season. The review will include a review of sex offender registries, child abuse and criminal history records. All data received from the background search will remain confidential. Each positive identification will be handled on a case by case basis.

### **SCOREBOARD TRAINING**

There will be training in proper use of the scoreboards. It is suggested that any parent interested in running the scoreboard be trained in its proper use. Topics such as proper scoring, emergency shutdown and equipment functionality will be presented and discussed.

### **PITCHING MACHINE & BATTING CAGE SAFETY**

This section is covered in the MBS Coaching Manual.

### **FIRST AID & CPR TRAINING**

The Metuchen Baseball & Softball will sponsor First Aid & CPR Training by Community Safety Consultants, a local company specializing in first aid, CPR and safety education. The training will be held on Monday, March 12th from 7:00pm – 10:00pm and on Wednesday, March 14th from 7:00pm – 10:00pm at 1 Safety Place in Metuchen (Metuchen Rescue Squad). All Managers and Coaches are required to attend a CPR & AED seminar once every two years. Fater Field is equipped with an AED machine and most Metuchen police cars are equipped with AED machines.

## HERE ARE SOME HAZARDS TO BE AWARE OF:

- Poor Field Conditions: The lack of proper maintenance such as sprinkler heads protruding upward, holes in the ground or bottles in the grass.
- Damaged Protective Equipment: such as catcher's masks, chest protectors or cracked helmets.
- General Public: The brothers, sisters, parents, grandparents and small children that may be in the nearby area of play. Some people may not be paying attention or may be wandering onto the field or into a foul ball area.
- Parking Lot Traffic: Moving vehicles in our main driveway and parking lots are a concern. Vehicles must keep an eye out for walking pedestrians. At Fater and Moss School Fields the driveway areas must be fenced off during all games and practices. When driving in our parking lots, warn drivers to..." GO SLOW".
- Overthrown or Foul Balls: Spectators should not be on the field during warm ups. Parents should not be standing next to their child when the team is warming up. Tell them that they need to remove themselves from the area.
- Thrown Bats: Teach bat safety to all players. Being hit by a thrown bat is the number one cause of player injury for the young player. Instruct your players how to hold onto their bats after a swing or a hit.
- Holes in Backstops and Fences: If you notice a hole in a backstop or fencing, report it immediately. The board will make every attempt to have these items repaired in a timely manner.
- Unfavorable Weather Conditions or Poor Lighting: Rain, fog or lightning are dangers for baseball and softball players. Stop the game if the weather is poor, lightning is present or the lighting conditions are unfavorable. During games, the umpire will call the game, but during practices we rely on the good judgment of the manager. A basic rule to follow is, if the streetlights are on then you should not be playing ball.
- Players making physical contact with other players: Players are not to slide head first into any base unless they are returning to the base. The rule of "slide and avoid" must be enforced. If a coach sees a collision ready to happen, yell and warn the other player. Warn players that continue to make contact with others during play.
- Poor Player Behaviors and Attitudes: Players who are verbally abusive to other players, managers, fans or umpires must be removed from the field immediately. Get parents involved if you feel that it would help the situation. If the parents are unresponsive, take action. Removal from a game and sitting on the bench are a good way to calm and defuse a bad attitude.
- Batting Cage: Allow only one player and a coach in the cage during batting practice. While a player is batting all other players must stay outside of the cage. While using the pitching machine always utilize a safety fence to protect the machine operator. Also, it's a dangerous habit to have another coach talking to the coach feeding the balls into the batting machine while a child is hitting.

- Bicycle Safety: It has become more common for our players to ride their bicycles to practice or games. In New Jersey anyone under 17 years of age who is riding a bicycle or who is a passenger on a bicycle must wear a helmet. Each bicycle that is used at night must have a front headlamp emitting a white light, a rear lamp emitting a red light.

## **SAFETY CODE**

1. Responsibility for the safety development procedures and safety implementation is that of the Safety Officer for Metuchen Baseball & Softball. This Safety Officer will report directly to the President of the League.
2. Arrangements should be made, in advance, for all games and practices for emergency medical services. Prior to any activity, the teams should assign one manager or coach the responsibility to contacting 911 in case of emergencies. That coach must have access to a charged mobile phone for the course of the game. In case of emergency, dial 911.
3. All managers, coaches and umpires are required to read the Metuchen Baseball & Softball Safety Plan prior to the start of the season and attend the training in first aid and CPR given by Metuchen Baseball & Softball once every two years.
4. First aid kits and ice packs will be available at each field for all games and practices. Managers are responsible for notifying the Safety Officer when materials run out and need to be replaced.
5. No games or practices are to be held when weather or field conditions are not favorable, particularly when lighting is inadequate. Many players are injured at dusk, simply because they cannot see the ball. Use common sense.
6. Dugouts and bat racks should always be located behind a screen or fence.
7. Only players, managers, coaches or umpires are permitted on the playing field during a game.
8. The manager and coaches have the responsibility for keeping bats and loose equipment off the field of play and the floor of the dugouts. Many children are injured as a result of falling on loose equipment that is lying on the dugout floor.
9. Balls batted foul can only be returned by a manager or coach to the umpire when the umpire stops play. Make sure that the balls are not thrown back into the field during play.
10. Managers and coaches should ensure that during practice and games, all players on and off the field, are paying attention to the game and watching the batter.
11. During warm-up drills, managers and coaches should ensure that players are spaced a safe distance apart so that no one is endangered by wild throws or missed catches. Coaches should be observant of this, at all times.
12. Each of the player's equipment should be inspected on a regular basis. Faulty or broken equipment should be returned to the Equipment Director (or a board member) for replacement equipment. **DO NOT USE EQUIPMENT THAT IS BROKEN.** This would include gloves, catchers' gear, cleats, bats or helmets.
13. Batters must wear approved protective helmets, while batting. Approved protective helmets are equipped with protective facemasks; these must be worn by all Metuchen Baseball & Softball players.
14. Base runners should always wear batting helmets during games and practices. This is also true for the first or third base coach (if a player).

15. The catcher must wear the appropriate protective gear. This equipment should fit properly. Catchers or players that are warming up a pitcher (on or off the field of play) are required to wear a catcher's helmet, mask and hard cup. The catchers required items must include:
  - Special Helmet
  - Catcher's Mask
  - Hanging Throat Protector
  - Hard Cup (protective supporter)
  - Long Model Chest Protector (protruding to groin area)
  - Shin guards
16. All players must wear rubber cleats or sneakers. Metal cleats are not allowed at any level of baseball and softball in Metuchen.
17. Bats – Click the file below to view the 2018 Metuchen BB & SB Bat Standards. This file can also be found on the Metuchen BB & SB website at [www.metuchenbbsb.com](http://www.metuchenbbsb.com). The Babe Ruth League, Inc. Approved and Non-Compliant Bats file can be found in the Forms and Files section.



Babe Ruth League,  
Inc. Approved and N

18. Except when returning to a base, headfirst slides are not allowed.
19. There will be no "warm up" batting areas or "on deck circles". Three to four warm up swings will be allowed at home plate outside the batter's box before the first pitch is delivered.
20. At no time, is horseplay allowed on the field. Managers and coaches are responsible for maintaining full control of their players and their activities.
21. Players that wear glasses should be encouraged to wear protective safety glasses. Flip up sun glasses are allowed.
22. No jewelry of any type is to be worn by players during practice or games. This includes earrings, necklaces, bracelets, watches or rings of any type. No cell phones or music devices are allowed to be worn during play.
23. During official play, uniforms shirts should always be tucked in.
24. At least one manager or coach shall have access to a charged cell phone at the field of play or close by.
25. Only plastic containers are allowed on the field and in the dugouts. Only plastic container items will be sold at the snack bar.
26. All accidents, injuries or property damage shall be reported immediately to the Safety Officer, so that an effective accident investigation can be conducted. Injury and accident forms are to be completed within 24 hours from the occurrence. (See Below Policy).
27. Water shall be provided and available to all players during practice and baseball and softball games. Players should bring their own sports bottle or beverage. Each Manager or Coach

- should also bring a backup water supply and disposable cups for each game and practice. Kids should not use the same cup.
28. Players are not allowed to eat hard candy while playing baseball and softball or at practice. Hard candy can cause a choking hazard.
  29. Athletic supporters should be worn by all male players. Soft cups are also suggested for all female players. Hard cups are required for all Umpires and catchers. Female catchers also need to wear a hard cup.
  30. To reduce stress and conflict between Coaches, it is suggested that the Manager of the team, assign each coach a clear statement of their responsibilities and duties.
  31. If a "soft toss" method is used for batting practice, it should be conducted away from other players or spectators. The player should be five to six feet from the portable net, cage or backstop and a batting helmet is required. SOFT TOSS IS STRICTLY PROHIBITED FROM ANY PERMANENT BACKSTOP OR FENCE. Also, it is suggested that low impact baseballs, softballs or wiffle balls be used.
  32. If the temperature is 95 degrees or over, a 10 minute "cool down" break is suggested after the third inning of play. This will allow your team to cool their body temperature down. Also supply cool water to the players.
  33. Please wait for all of your parents/guardians to pick up your players. Do not leave children alone to wait for their parents after a game or practice. It is a good idea to always have your player's parents/guardians phone numbers available with you. For your protection, make sure that more than one for coach stays with the player until their parent/guardian arrives.
  34. Report all injuries or property damage directly to a Director or the Safety Officer. Use the preliminary accident form that has been provided to you. This form needs to be completed in its entirety and shall be submitted to a Director, the President or the Safety Officer no later than 24 hours after the occurrence.
  35. Should a parent, spectator or a member of the general public get out of hand or start a fight, it is the manager's responsibility to intervene and attempt to stop this type of activity. A Director should be contacted immediately. If there is any concern for the safety of any player, coach, manager, fan or umpire, immediately have someone call the Police.
  36. If you or a parent is working the snack stand, here are a few safety tips that are to be followed:
    - Check to see if a fire extinguisher is available and properly charged
    - Make sure that food is not left out in the open
    - Check expiration dates on perishable items....do not use outdated products
    - Make sure that canned and boxed items are stored safely
    - Check to see if step stools are in good condition
    - Make sure that the floors are dry and clean
    - Counters should be clean and free of dust, dirt, grease and grime
  37. Prior to ALL games the managers and umpires are to walk the field and inspect it for any hazards such as: damage to a fence, plastic or glass bottles, cans, paper, rocks, etc. These

items must be removed or corrected prior to the start of any game. Also, this activity is to be tracked on the umpire sign-off sheet prior to the start of the game and reported to the Safety Officer.

### 38. Pitching and Catching Rules

- Pitching and Catching Rules are covered in the MBS Coaching Manual in section 13 (BASEBALL DIVISION RULES) and section 14 (SOFTBALL DIVISION RULES).

## **BEHAVIORAL PLAYER SAFETY**

It is true that players' attitudes and behaviors are often one of the most challenging problems for Managers and Coaches. Some players may continually display a serious attitude problem with their Manager, Coach or Umpire. This can be very disruptive to the team and is typically a hard issue to deal with.

The best way to react to a player with poor behavior is to sit them down, explain to them what is going on and remove them from game until their behavior has changed or has been corrected. It is also very important to relay this information to the parents for possible intervention and potential parental disciplinary action.

Success feelings are necessary for the emotional growth and emotional security in children. These feelings help in establishing and developing confidence, independence, and positive attitudes in youngsters. Players will respond readily to encouragement and recognition of small successes they achieve. Always keep a positive attitude.

Acceptance and success are strong emotional needs for players. It is up to the Managers, Coaches and parents to supply these needs for each and every player. Baseball and Softball; are great methods to enforce positive behaviors and a sense of belonging. As Managers and Coaches, we need to remember that the child may be deprived of love and affection at home. At a minimum, we need to try to understand them. It is up to the Manager and Coaches to help each player develop desirable attitudes.

## **FIRST AID AND CPR**

- DON'T PANIC.
- Check for emergency medical information on the victim if possible.
- Remember the ABC's of life support:
  - AIRWAY - Open and maintain victim's airway.
  - Breathing restored - If victim is not breathing begin rescue-breathing techniques immediately (CPR).
  - Circulation maintained - If victim has no pulse, start external cardiac compression immediately.
- Check for Bleeding. Apply direct pressure to wound and elevate the injured limb.
- Look for signs of shock and broken bones or fractures. Do not move the victim with a fracture, until a splint has been properly provided.
- Get professional medical help quickly. Dial 911 immediately. Report the accident/injury and request for help. Give your exact location and specific details pertaining to the injury.
- Loosen victim's clothing.
- Never give unconscious individuals anything to drink.
- Keep victim still, quiet and warm. Provide a blanket for warmth.

### **HELP PREVENT INFECTION**

- Cleanse wound and surrounding area gently with mild soap and water. Rinse. Blot dry with a sterile pad or clean dressing.
- Use antiseptic (such as hydrogen peroxide) to protect against contamination or infection.
  - Cover the wound to absorb bodily fluids and to protect the wound from further contamination. Handle only the edges of the sterile pads or dressings.
- Tape the pad to prevent the entry of germs or dirt.
- Deep wounds and serious burns should be treated only by professional medical personnel or certified first aid individuals.

### **BLEEDING**

- Act Quickly:
  - Have the victim lie down. Elevate injured limb higher than the heart, unless you suspect a broken bone.
- Control Bleeding by Applying Direct Pressure on The Wound:
  - Use a sterile pad or clean cloth. Press lightly on the wound, causing the wound to close and stop bleeding. Continue to apply pressure to the wound until help arrives.
- If Bleeding Is Controlled by Direct Pressure, Bandage Firmly:
  - Use a sterile pad or clean cloth and tape into place, directly over wound. Check pulse to make sure that bandages are not too tight.
- If Direct Pressure Is Ineffective, Bleeding Can Usually Be Controlled by Applying Strong Finger Pressure to The Following Pressure Points:
  - Scalp:

- Press your thumb against the bone in front of the ear. Pressure may have to be applied on both sides of the head.
  - Face:
    - Press finger against hollow area of jaw. Both sides may require compression.
  - Neck:
    - Place thumb against back of victim's neck against vertebrae: slide three fingers to the side of the airway where wound is located. Locate pulsating artery then squeeze it toward thumb.
    - Do not compress both sides of the neck.
  - Chest or Armpit:
    - Press thumb downward in the groove located behind their collarbone.
  - Arm:
    - Place the flat side of your finger in groove between the muscles on inner side of arm. With your thumb on the outside of the arm, press toward the bone at a point halfway between the shoulder and elbow.
  - Hand:
    - Place your thumb on the inner side of the wrist and press toward the bone.
  - Leg:
    - Press at the groin area where the legs and torso meet, press the inner thigh against the bone with your fist or the heel of your hand.
- If Bleeding Can Not Be Stopped or Controlled by The Use of Pressure Points, Apply a Tourniquet... This should be done only as a last resort.

## **POISONING**

- If poisoning is suspected, encourage victim to drink water or milk immediately to dilute poisons. If victim is unconscious or vomits, do not force fluids.
- Do not induce vomiting if the poison is unknown or is known to be a corrosive substance (acids).
- Induce vomiting if the poison is known and is not a corrosive substance or a petroleum product.

## **SHOCK**

- Shock is a dangerous condition and can be fatal. Symptoms may include:
  - Unusual weakness
  - Feeling faint
  - Cold or pale skin
  - Clammy skin
  - Rapid or weak pulse
  - Shallow or irregular breathing
  - Chills
  - Nausea
  - Unconsciousness

- Treat shock as quickly as possible by maintaining an open airway. If victim vomits, gently turn head to the side. Keep patient warm and lying flat. In head or chest injuries, elevate head and shoulders ten inches higher than the feet.
- If you are dealing with a neck injury, do not move the neck and keep the neck very still.

## CONCUSSIONS

- A concussion is an injury to the brain that can cause a variety of symptoms. It's usually caused by a blow to the head or a sudden jolt along the neck area. Most of the time it doesn't involve a loss of consciousness. Concussion in sports can happen during drills, practices and games. Injuries during practice can be just as serious as those that happen during competition. If you suspect one of your players has a concussion **DO NOT LET THEM RETURN TO PLAY** until they have seen a Doctor.
- What are some signs of a concussion? As a Manager or Coach, you should look for any of these signs. Do not allow a player to return until they have been provided medical attention and have a written note that they have been cleared for physical activity:
  - Headache
  - Vision disturbance
  - Dizziness
  - Loss of balance
  - Confusion
  - Memory loss (called amnesia)
  - Ringing in the ears
  - Difficulty concentrating
  - Nausea
  - Feeling foggy or groggy
  - Sensitivity to light or noise
- How is it diagnosed?
  - First a doctor will examine you. The doctor will want information from people who were there when the blow to the head happened. This is very important, especially if you're confused or if you lost your memory. The doctor will test your strength, sensation, balance, reflexes and memory. In more serious cases, your doctor will want to get special x-rays of your head, called computed tomographic (CT) scans or magnetic resonance images (MRI).
- Does medicine help?
  - The treatment for a concussion is rest. If you have a concussion, you will need to quiet your mind as well as your body for healing to take place. If you have a headache, you can usually take acetaminophen (brand name: Tylenol). If you've had a concussion, always ask your doctor before you take any medicine. If it's suspected you've had a concussion, your doctor may advise against taking aspirin, ibuprofen (brand names: Advil, Motrin) or other nonsteroidal anti-inflammatory drugs (NSAIDs). These medicines can increase the risk of bleeding.
- What should I watch out for? Tell your doctor if you have any of the following symptoms:

- Stiff neck
- Difficulty walking, speaking or using your arms
- Severe headache
- Repeated vomiting
- Confusion that gets worse
- Convulsions
- Unusual sleepiness
- When can I return to sports?
  - If you have any of the signs or symptoms of concussion listed above after a blow to the head or body, you should not go back to play the day of the injury. A health care professional, experienced in evaluating for concussion, needs to let you know when it is safe to return to play. If your concussion involves memory loss or loss of consciousness, you may not be able to return to play for 1 to 2 weeks. After a severe concussion, you may not be able to return to play for a month. If this wasn't your first concussion, your return to play may take even longer.
- What are the risks of returning to play too early?
  - A player returning too early could suffer from "second impact syndrome," which can be fatal. A second blow to the head, even a minor one, can cause a loss of control of blood flow to the brain. Never return to a sports activity until you are cleared by a doctor.
- Are there any lasting effects to a concussion?
  - Most people get better after a concussion without any permanent damage. Some people have signs of concussion for weeks or months. Repeated concussions can cause permanent damage.

## **HEAT EXHAUSTION/SUNSTROKE**

- Symptoms include:
  - Fatigue
  - Headache
  - Feeling faint
  - Weak
  - Rapid pulse
  - Shallow breathing
  - Cold clammy skin
  - Profuse perspiration
  - High body temperature
  - Convulsions
  - Unconsciousness
- What to Do:
  - Instruct victim to lie down in a cool shaded area.
  - Massage legs toward heart.
  - Give cold water to victim.

- Do not let victim sit up, even when they think they are fully recovered.
- Lower body temperature quickly by placing victim in cool (not cold) water or use ice to reduce body temperature.

## CPR

- CPR is administered when a person's breathing or pulse stops. When both stop, sudden death can occur. CPR is a procedure that involves the **Airway, Breathing and Circulation**. First, assess the victim. If the person is not breathing, begin the ABC method.
  - **A = airway**
    - To open the airway, gently lift the chin with one hand while pushing down on the forehead with your other hand. The goal is to tilt the head back. Once the airway is open, listen for any breathing. Make sure the airway is clear before continuing. If the victim is breathing, roll them over on their side in the recovery position. If they are not breathing go to step B.
  - **B = breathing**
    - The best way to give rescue breathing is by using the mouth-to-mouth technique. Using the thumb and forefinger of your hand on the victim's forehead, pinch the person's nose shut. Keep your other hand under the person's chin, lifting it up. Be sure to keep the heel of your hand in place so the person's head remains tilted. As you keep an airtight seal with your mouth or mouthpiece with the victim's mouth, give two full breaths.
  - **C = circulation**
    - After giving two full breaths, find the person's carotid artery pulse to see if the heart is still beating. To find the carotid pulse, take your hand that's lifting the chin and find the person's Adam's apple (voice box). Slide the tips of your fingers down the groove beside the Adam's apple and feel for a pulse. If there continues to be no pulse, continue steps A & B.
- External chest compression provides artificial circulation. When you apply rhythmic pressure on the lower half of the victim's breastbone, you force the heart to pump blood. To do external chest compression properly, kneel beside the victim's chest. With the middle and index fingers of your hand nearest the person's legs, find the notch where the bottom rims of the two halves of the rib cages meet in the middle of the chest.
- Put the heel of one hand on the sternum (breastbone) next to the fingers that found the notch. Put your other hand on top of the hand that is in position. Be sure to keep the pressure on the sternum, not on the ribs. Press down in a quick burst, keeping your arms straight. Depress the sternum about 1-2 inches. Completely relax the pressure on the sternum. Do not remove your hands from the victim's sternum, but let the chest rise to the normal position between compressions. The proper rate is 30 chest compressions to two breaths. You must compress at a rate of 100 times per minute.
- **For children, the ratio is thirty compressions to two full breaths at a rate of 100 compressions per minute. IMPORTANT: Activate EMS system immediately upon finding an unconscious victim (i.e.: dial 911)**

## **ON-FIELD FIRST AID CHART FOR COACHES**

Knowledge of basic first aid is a must for all coaches and others involved in supervising sports participants. Injuries are to be anticipated, and best results occur if there is adequate preparation and proper first aid provided on-site. At the time of injury, be calm and reassuring - remember, most injuries are mild and will heal with rest and basic first aid. The most universal first aid treatment can be remembered by R - I - C - E (Rest, Ice, Compression, Elevation). Most serious injuries (with exceptions noted by "GET HELP!" below) can be referred for medical attention if problems are still apparent after basic first aid has been applied.

Examples of common injuries and appropriate first aid measures:

SPRAIN - partial ligament tear (Finger, wrist, bow, knee, ankle)	Pressure wrap, ice, elevate (R-I-C-E). May return if stable and pain-free after 20 minutes.
STRAIN - partial muscle tendon tear or "pull" (Thigh, calf, back, neck)	Same as above.
CONTUSION - muscle or bone bruise	Same as above. Gently stretch muscle.
HEAT CRAMPS - muscle spasm (Calf, thigh, buttocks)	Apply gentle pressure to muscle. Stretch and hold steady pressure.
HEAT EXHAUSTION/HEAT STROKE caused by dehydration, often in poorly conditioned athletes with hard workouts on hot days.	At first, player is cold and clammy. Rest in shady area, elevate legs, give cool fluids. If skin is dry and hot, or if player is confused, GET HELP!
LACERATIONS - cuts of the skin	Apply direct pressure. Wash and dry. Close with bandage or butterfly. May require stitches.
ABRASIONS - scrapes of skin	Stop bleeding with pressure. Wash out all dirt. Cover with bandage.
NOSE BLEED	Apply pressure by pinching nostrils. Lean forward.
"WIND KNOCKED OUT"	Lie on side or back. Encourage slow breathing.
"HEAD INJURY" – Concussion = temporary disturbance of brain or nerve function.	Check for headache, memory, confusion. Keep player out. If unconscious, check airway, breathing, pulse, and GET HELP!
NECK INJURY – from "burners" or pinched nerves to catastrophic spinal cord injuries.	If severe pain, numbness, or tingling persists, or player can't move arms or legs, <u>do not allow neck to move</u> and GET HELP!
FRACTURES – broken bones (arm, wrist, finger, legs, feet).	Suspect if tenderness or swelling exists at one point. Splint and send for medical help.
DISLOCATIONS	Splint or immobilize as best you can. Do not attempt to straighten. Send for medical help.
CHOKING - airway obstruction	Encourage coughing if conscious. Otherwise, use Heimlich Maneuver and GET HELP!

### GOOD SAMARITAN LAWS

There are laws to protect you when you help someone in an emergency situation. The "Good Samaritan Laws" give legal protection to people who provide emergency care to ill or injured persons. When citizens respond to an emergency and act as a reasonable and prudent person would under the same conditions, Good Samaritan immunity generally prevails. This legal immunity protects you, as a rescuer, from being sued and found financially responsible for the victim's injury. For example, a reasonable and prudent person would –

- Move a victim only if the victim's life was endangered

- Ask a conscious victim for permission before giving care
- Check the victim for life-threatening emergencies before providing further care
- Summon professional help to the scene by calling 911
- Continue to provide care until more highly trained personnel arrive

Good Samaritan laws were developed to encourage people to help others in emergency situations. They require that the Good Samaritan “use common sense” and a reasonable level of skill, not to exceed the scope of the individual’s training in emergency situations. They assume each person would do his or her best to save a life or prevent further injury. People are rarely sued for helping in an emergency. However, the existence of Good Samaritan laws does not mean that someone cannot sue. In rare cases, courts have ruled that these laws do not apply in cases when an individual rescuer’s response was grossly or willfully negligent or reckless or when the rescuer abandoned the victim after initiating care.

### **PERMISSION TO GIVE CARE**

If the victim is conscious, you must have his/her permission before giving First Aid. To get permission you must tell the victim who you are, how much training you have, and how you plan to help. Only then can a conscious victim give you permission to give care. Do not give care to a conscious victim who refuses your offer to give care. If the conscious victim is an infant or child, permission to give care should be obtained from a supervising adult when one is available. If the condition is serious, permission is implied if a supervising adult is not present.

### **TREATMENT AT SITE**

**Assess** the injury. If the victim is conscious, find out what happened, where it hurts. Watch for shock.

**Know** your limitations.

**Call 9-1-1 immediately** if person is unconscious or seriously injured.

**Look** for signs of injury (blood, black-and-blue, deformity of joint etc.)

**Listen** to the injured player describe what happened and what hurts, if, conscious. Before questioning, you may have to calm and soothe an excited child.

**Feel** gently and carefully the injured area for signs of swelling or grating of broken bone.

**Talk** to your team afterwards about the situation if it involves them. Often players are upset and worried when another player is injured. They need to feel safe and understand why the injury occurred.

**Don ’t ...**

**Administer** any medications.

**Provide** any food or beverages (other than water).

**Hesitate** in giving aid when needed.

**Be afraid** to ask for help if you're not sure of the proper procedure. (i.e. CPR, etc.)

Transport injured individual except in extreme emergencies.

### **HOW TO HANDLE A 9-1-1 EMERGENCY NUMBER**

The most important help that you can provide to a victim who is seriously injured is to call for professional medical help. Make the call quickly, preferably from a cell phone near the injured person. If this is not possible, send someone else to make the call from a nearby telephone. Be sure that you or another caller follows these four steps.

#### **First Dial 9-1-1**

Give the dispatcher the necessary information. Answer any questions that he or she might ask. Most dispatchers will ask:

The exact location or address of the emergency. Include the name of the city or town, nearby intersections, landmarks, etc. For example, Fater Field on Oakland Avenue in Metuchen.

- The telephone number from which the call is being made.
- The caller's name.
- What happened: for example, a baseball related injury, bicycle accident, fire, fall etc.
- How many people are involved?
- The condition of the injured person -for example, chest pains, severe bleeding, or unconsciousness.
- What help (first aid) is being given.

**Do not hang up until the dispatcher hangs up.** The EMS dispatcher may be able to tell you how to best care for the victim. Continue to care for the victim until professional help arrives. Appoint somebody to go to the street and look for the ambulance and flag them down if necessary. This saves valuable time. Remember, every minute counts.

#### **When to Call – 911**

Call **9-1-1** and request paramedics if an individual is:

- Is or becomes unconscious call **9-1-1** immediately
- Has trouble breathing or is breathing in a strange way.

- Has chest pain or pressure.
- Is bleeding severely.
- Has pressure or pain in the abdomen that does not go away.
- Is vomiting or passing blood.
- Has seizures, a severe headache, or slurred speech.
- Appears to have been poisoned.
- Has injuries to the head, neck or back.
- Has possible broken bones.

Sometimes a conscious victim will tell you not to call an ambulance, and you may not be sure what to do.

If you have any doubt at all, call **9-1-1** and request paramedics.

Also call **9-1-1** for any of these situations:

- Fire or explosion
- Downed electrical wires
- Vehicle Collisions
- Vehicle/Bicycle Collisions

## **Metuchen Baseball & Softball Blood Borne Pathogen Program**

No matter how safe any sport is played, there is always a chance of blood spill. The risk of becoming infected with HIV or Hepatitis B through contact with someone else's blood is a large concern these days.

The AIDS virus lives less than 24 hours in dried blood, the Hepatitis B virus can survive for at least one week.

A solution of household bleach (one part) and water (nine parts) should be used to disinfect any contaminated surfaces.

\*Procedures for reducing the potential for transmission of these infectious agents should include the following:

- The bleeding must be stopped. The open wound needs to be covered and if there is any blood on the uniform it must be changed before the athlete may participate.
- Routine use of rubber or latex gloves to prevent skin contact with blood or other body fluids.
- Immediately wash hands and other skin surfaces (if contaminated) with soap and hot water. Wash hands immediately after removing gloves. Remove gloves carefully.
- Clean all contaminated surfaces and equipment with an appropriate disinfectant before competition resumes.
- Practice proper disposal procedures to prevent injuries caused by needles, scalpels, glass and other sharp instruments or object.
- Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
- Athletic Trainer / Coaches with bleeding or oozing skin conditions should refrain from any direct contact with others until the condition is treated.
- Contaminated towels should be properly disposed of or disinfected.
- Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressings or any other articles containing body fluids.

## **FIELD SURVEY CHECKLIST**

### **SELF-INSPECTIONS**

#### **Purpose**

Regular self-inspections of items such as field conditions, permanent structures, wiring, lighting, walkways, grandstands, fixtures, bases, pitching mounds, dirt infield and power equipment is suggested.

#### **Objective**

Work orders will be completed within a week and the work will be conducted by a volunteer or a sub-contractor. If the hazard can be corrected on the spot, the Manager or Coach has the responsibility to correct, fix or repair the hazardous condition(s). Managers should contact one of the Board Members to report the condition.

Managers and Coached will be responsible to check the equipment and the field prior to the start of their games.

#### **ACTION STEP**

Should a serious hazard exist, contact a Director, League President or Safety Officer.

The necessary contacts will be made by the President of METUCHEN BASEBALL & SOFTBALL or the Safety Officer to have the problem corrected immediately. Managers, coaches and the grounds keepers should work together to insure serious accident exposures and hazards are corrected promptly.

**Field Survey:** Identify any faulty or broken sprinkler heads, pot holes, bottles, stones, broken glass or any other trip and fall hazard(s) that may be on the field. These inspections should be conducted before practice or scheduled games.

**Inspect the Condition of Walkways, Streets and Parking Lots:** Walkways, entrances, leading trails to the field and parking lots/street. Trip and fall hazards shall be corrected. Adequate lighting should be maintained in all walking and parking areas.

**Fence Condition:** Survey the surrounding fences in the area of play. This would also include any barrier fences or gates. Evaluate the backstop and protective fences. Identify and report on incomplete or defective screen, fencing, netting, holes, sharp edges or any unsupported portions of the fence(s).

**Infield Survey:** This will provide information on the condition of the dirt (base path), pitching mound / rubber, metal base pegs, batter's box and home plate.

**Grandstands / Bleachers / Benches:** Will identify the condition of the seating provided for those who participate by watching the game. If a problem is noted, contact a director or the Safety Officer, right away. All repairs should be made by qualified personnel.

**Snack Bar Operations / Announcer Booth / Equipment Storage Area:** This will include a specific form that will be completed by the Safety Officer, to be used for the Major Field snack bar, the Announcers booth and the equipment storage building. You should periodically check these areas to make sure our kids and parents are safe.

**Dugouts / Bat Rack / Fence Protection / Outfield:** Evaluate the dugout bench. Also evaluate lighting and fence protection for player safety. Other hazards could include splinters from racks or benches, any protruding nails or slippery walking surfaces. Check the outfield to verify that there are no holes or sharp objects.

**Electrical Conditions such as Panels, Covers, Fixtures, Cables, Conduit, Wiring, Devices and Switches:** Try to verify that all electrical wiring is in conduit. That junction boxes and circuit breakers are in good condition.

**Field Equipment and Machinery / Power Equipment / Hand Tools:** This would involve the inspection of machinery and power equipment provided for field maintenance and repair. This would include mowing equipment, carts and hand tools. The necessary guards shall always be in place, while in use. The Safety Officer will use a specific form for this type of equipment. Gasoline should not be siphoned by the mouth.

**Players Personal Protective Equipment / Catcher Equipment / Bats / Gloves / Shoes:** Evaluation of all baseball equipment for the players. This would include the catcher's required equipment. A preliminary study should be conducted once the equipment bag is received by the Coach or Manager. A sign off slip will be filled out by all teams, as to the condition of the equipment supplied to that particular team. This will help weed out old or poor equipment that has been around for a while.

## **Lightning Facts and Safety Procedures**

### **Consider the following facts:**

- The average lightning stroke is 6 - 8 miles long.
- The average thunderstorm is 6 -10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK Stadium occurred while it was sunny and dry).
- On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

### **"Flash-Bang" Method**

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it. Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

### **Rule of Thumb**

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. When in doubt, the following rule of thumb should be applied:

**WHEN YOU HEAR IT - CLEAR IT**

**WHEN YOU SEE IT - FLEE IT**

### **Where to Go?**

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (like our snack bar and club house). For the majority of participants, the best area for them to seek shelter is in a fully enclosed vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

## **Where NOT to Go!!**

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

## **First Aid to a Lightning Victim**

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high-risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary - lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.  If the victim is not breathing, start mouth-to-mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

**Note: CPR should only be administered by a person knowledgeable, trained in the technique.**

## **Metuchen Baseball & Softball Accident Reporting Procedures**

**What to report:** An incident that causes any player, manager, coach, umpire, volunteer or fan to receive medical treatment and/or first aid must be reported to the Safety Officer. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

**When to report:** All such incidents described above must be reported to the Safety Officer within 24 hours of the incident.

- Safety Officer: Michael V. Miller
- Phone: 908.461.2370
- Address: 310 W. Chestnut Avenue, Metuchen, NJ 08840
- Email: [safetyofficer@metuchenbbsb.com](mailto:safetyofficer@metuchenbbsb.com)

**How to file a claim:** Go to the Metuchen BB & SB website at [www.metuchenbbsb.com](http://www.metuchenbbsb.com) Download/print an MBS Babe Ruth League Accident Report from the Forms and Files section. The Manager of the injured player's team will fill out the form. The form must be signed by the player's parent(s) or guardian(s). The form is then forwarded to the league's Safety Officer.



MBS ACCIDENT  
REPORT FORM.pdf

**Safety Officer's Responsibilities:** Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party requires other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of the Metuchen Baseball & Softball's insurance coverage and the provisions for submitting any claims. If the extent of the injuries is more than minor in nature, the Safety Officer shall periodically contact the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "closed" (i.e., no further claims are expected and/or the individual is participating in the league again).

## **Metuchen Baseball & Softball Emergency Contact Numbers**

To be posted in Clubhouse and Concession stands

Emergencies	(Police, Fire & First Aid)	911
Non-Emergencies	(Police, Fire & First Aid)	732.632.8500
Larry Weiss	President	732.841.7621
Jonathan Busch	Vice President Baseball	
Evan Ziccardi	Vice President Softball	646.242.6160
Bill Kwiatkowski	Player Agent	732.609.4521
Brian Piperi	Treasurer	732.522.3024
Mike Miller	Safety Officer	908.461.2370
Chad Kemler	Secretary	646.302.8890
John Mindler	Information Officer	732.887.0928
Guy Mastroianni	Snack Bar Director	908.872.8073
Jason Delia	Umpire Coordinator	631.949.5979

**COMMISSIONER/MANAGER/COACH AFFIDAVIT**

I \_\_\_\_\_ acknowledge that I have received and read the 2018 Metuchen Baseball & Softball Safety Plan and understand my responsibility as a Commissioner/Manager/Coach of Metuchen Baseball & Softball to be aware of these safety requirements.

\_\_\_\_\_  
Commissioner/Manager/Coach (Signature)

\_\_\_\_\_  
Date

Once you have read the 2018 Metuchen Baseball & Softball Safety Plan, please sign and send this sheet back to the commissioner of your league prior to April 1<sup>st</sup>, 2018.